

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

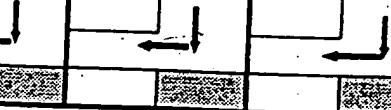
CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS



TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

	IND	DEP	IND	DEP	IND	DEP
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CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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50	1					
TOTAL IND.	12					
TOTAL DEP.	18	←	↓	←	↓	←
TOTAL CLAIMS	40	█	█	█	█	█

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		←	↓	←	↓	←
TOTAL CLAIMS	40	█	█	█	█	█